

BEDFORD COUNTY

As an equal employment opportunity employer, the county assures you that your opportunity for employment will be based on your merit without regard to race, age, color, religion, sex or national origin.

[illegible]

SKILLS

PLEASE LIST THE KINDS OF OFFICE EQUIPMENT OR CONSTRUCTION EQUIPMENT YOU CAN OPERATE _____

NUMBER OF WORDS PER MINUTE _____ SHORTHAND _____ TYPING _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES ☐ NO ☐

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training

Branch of Service

Period of Active Duty (Month & Year)

From _____ To _____

Rank at Discharge

Date of Final Discharge

Reserve status: _____ Active _____ Non-applicable _____ Type of discharge _____

EMPLOYMENT HISTORY

INCLUDE MILITARY HISTORY, PART TIME, TEMPORARY, AND SEASONAL EMPLOYMENT

LIST PRESENT OR LAST EMPLOYER FIRST

- 1 EMPLOYER _____ YOUR JOB TITLE _____
 ADDRESS _____ DESCRIBE YOUR WORK _____

 SUPERVISOR _____
 SUPERVISOR'S TITLE _____
 TELEPHONE _____
 EMPLOYED FROM _____
 EMPLOYED TO _____
 STARTING SALARY _____ PER _____
 ENDING SALARY _____ PER _____ REASON FOR LEAVING _____
 ACCOUNT FOR TIME BETWEEN JOBS _____
- 2 EMPLOYER _____ YOUR JOB TITLE _____
 ADDRESS _____ DESCRIBE YOUR WORK _____

 SUPERVISOR _____
 SUPERVISOR'S TITLE _____
 TELEPHONE _____
 EMPLOYED FROM _____
 EMPLOYED TO _____
 STARTING SALARY _____ PER _____
 ENDING SALARY _____ PER _____ REASON FOR LEAVING _____
 ACCOUNT FOR TIME BETWEEN JOBS _____
- 3 EMPLOYER _____ YOUR JOB TITLE _____
 ADDRESS _____ DESCRIBE YOUR WORK _____

EMPLOYMENT HISTORY
(CONTINUED)

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____

REASON FOR LEAVING _____

ACCOUNT FOR TIME BETWEEN JOBS _____

4 EMPLOYER _____
ADDRESS _____

YOUR JOB TITLE _____

DESCRIBE YOUR WORK _____

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____

REASON FOR LEAVING _____

ACCOUNT FOR TIME BETWEEN JOBS _____

5 EMPLOYER _____
ADDRESS _____

YOUR JOB TITLE _____

DESCRIBE YOUR WORK _____

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____

REASON FOR LEAVING _____

ACCOUNT FOR TIME BETWEEN JOBS _____

6 EMPLOYER _____
ADDRESS _____

YOUR JOB TITLE _____

DESCRIBE YOUR WORK _____

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____

REASON FOR LEAVING _____

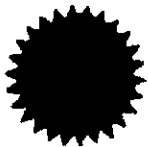
ACCOUNT FOR TIME BETWEEN JOBS _____

State names of relatives and friends working for us other than your spouse. _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?
☐ Yes ☐ No If Yes, describe in full. _____

[illegible]

DATE SIGNED _____ SIGNATURE _____





COUNTY OF BEDFORD DEPARTMENT OF HUMAN RESOURCES

REFERENCE RELEASE

Please list 3 previous employers or personal references:

Name: _____ Phone: _____
(Previous/Personal) – Please Circle

Name: _____ Phone: _____
(Previous/Personal) – Please Circle

Name: _____ Phone: _____
(Previous/Personal) – Please Circle

By signing below, I hereby authorize you to verify my employment record. In consideration of this request, I hereby agree to release you from, and hold you harmless for any, and all claims I might have as a result of the information provided to you.

Signature of Applicant

Date

Bedford County Human Resources National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification
- Motor Vehicle Record

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your employment or volunteering.

Print Name: _____ Date: _____

Signature: _____

Driver's License Number _____ State Issued _____